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APPLICANTS

DARRYL P. BLACK, MERRIMACK, NH;
 WILLIAM CARTER CARROLL BULLARD, NEW YORK, NY;
 KEVIN FARRELL, WINDHAM, NH;
 UTPAL DATTA, BEDFORD, NH;

** CONTINUING DATA ***** *None* *****

** FOREIGN APPLICATIONS ***** *None* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 33	TOTAL CLAIMS 223	INDEPENDENT CLAIMS 23
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>IMF</i> Initials				

ADDRESS

27820

TITLE

FAULT TOLERANCE FOR NETWORK ACCOUNTING ARCHITECTURE

FILING FEE RECEIVED 944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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